

# Foster Family Home - Corrective Action Report

Provider ID: 1-591372

Home Name: Marylo Farinas, CNA

Review ID: 1-591372-9

91-1057 Aeae Street

Reviewer: David Ayling

Ewa Beach HI 96706

Begin Date: 10/27/2020

Foster Family Home


Required Certificate

[11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1) - Home inspection for a 3 person CCFFH recertification.  
Home will receive a 3 bed certification.

  
Compliance Manager

  
Primary Care Giver

10/27/2020  
Date

10/27/2020  
Date